

MIAMI-DADE TRANSIT
Title VI Non-Discrimination Program
Complaint of Discrimination

Name of complainant(s):		Address of complainant(s):
Phone number of complainant(s):		
Complainant's representative's name, address, phone number and relationship (e.g., friend, attorney, parent, etc.):		
Name and address of agency, institution or department you allege discriminated against you:		
Names of the individual(s) who you allege discriminated against you (if known):		
Discrimination because of:		Date of alleged discrimination:
Please list the name(s) and phone number(s) of any person, if known, that Miami-Dade Transit could contact for additional information to support or clarify your allegation(s).		
Please explain as clearly as possible how, why, when and where you believe you were discriminated against. Include as much background information as possible about the alleged acts of discrimination. Additional pages may be attached if needed.		
Signature of Complainant(s) or Representative:		Date of Signature:

Mail to: **Miami-Dade Transit, Office of Civil Rights & Labor Relations, 701 NW 1st Court, Suite 1700, Miami, FL 33136.**
This form also may be faxed to **786-469-5589**.